

**OFFICE OF TOURISM**

P.O. Box 101711  
Pasadena, CA 91189-1711

Phone: 916.322.1266  
Fax: 916.322.3402  
californiatourism.ca.gov



**PASSENGER CAR RENTAL INDUSTRY  
TOURISM ASSESSMENT FORM**

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Tourism ID # \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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**Section II. Assessment Calculation:**

- |  |              |
|--|--------------|
| a. Enter the ending month and year:                    | _____        |
| b. Enter your revenue* for the month identified above: | _____        |
| c. Multiply line "b" by the assessment rate of 0.035.  | x      0.035 |
| d. Assessment calculation:                             | \$ _____     |
| e. Enter amount collected from the customer:           | \$ _____     |
| f. Total Assessment Due (greater of line "d" or "e")   | \$ _____     |

Payment is due to the Office within 25 days of each month end.

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**Section III. Certification**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Printed Name of Authorized Representative

Make checks payable to the "California Travel and Tourism Commission" and mail with form to:

Office of Tourism  
P.O. Box 101711  
Pasadena, CA 91189-1711

\*Revenue is as defined in Title 10, California Code of Regulations section 5350(aa)